

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		•	•	•	•
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	—						51	/		
2	/						52	/		
3	—						53	/		
4	/						54	/		
5	—						55	/		
6		/					56	/		
7	—						57	MISSING		
8	—						58			
9	—						59	/		
10	—						60	/		
11	—						61	/		
12		/					62	/		
13	—						63	/		
14	—						64	/		
15	—						65	/		
16		/					66	/		
17	—						67	/		
18	—						68	/		
19	/						69	/		
20		/					70	/		
21		/					71	/		
22		/					72	/		
23		/					73	/		
24		/					74			
25		/					75			
26		/					76			
27		/					77			
28		/					78			
29		/					79			
30		/					80			
31		/					81			
32		/					82			
33		/					83			
34		/					84			
35		/					85			
36		/					86			
37		/					87			
38		/					88			
39		/					89			
40		/					90			
41		/					91			
42		/					92			
43		/					93			
44		/					94			
45		/					95			
46		/					96			
47		/					97			
48		/					98			
49		/					99			
50		/					100			
TOTAL IND.	9						TOTAL IND.			
TOTAL DEP.	56	←	←	←	←	←	TOTAL DEP.	←	←	←
TOTAL CLAIMS	59						TOTAL CLAIMS			